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ABSTRACT

The staff of the South Carolina Commission on Higher Education involved with health affairs convened a group of leaders in the field of nutrition from throughout the state in a meeting at South Carolina State College in Orangeburg. The participants were representative of the broad spectrum of contributors to the improvement of the status of nutrition in South Carolina through education, administration, or delivery of nutritional care. The remarks of each of the 18 participants are outlined and a summary of the ideas that emerged from the discussions is given. (JMF)

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NUTRITIONAL BETTERMENT THROUGH HIGHER EDUCATION

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION

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NUTRITIONAL BETTERMENT THROUGH HIGHER EDUCATION

Remarks by Statewide Leaders
at a Planning Session for a
Statewide Conference on Nutrition Education
April 21, 1976

Sponsored by:

South Carolina Commission on Higher Education
and the
Area Health Education Center, Medical University of South Carolina

Host Institution:

South Carolina State College
Orangeburg

Moderator:

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Assistant Director for Health Affairs
South Carolina Commission on Higher Education

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FOREWORD

The staff of the South Carolina Commission on Higher Education involved with health affairs convened a group of leaders in the field of nutrition from throughout the State in a meeting at South Carolina State College in Orangeburg on Wednesday, April 21, 1976. The meeting was chaired by Dr. George P. Fulton, Assistant Director for Health Affairs, South Carolina Commission on Higher Education.

We were honored to have Miss Geraldine Piper, an expert on nutrition from the Division of Manpower, Regional Office of the Department of Health, Education and Welfare, Atlanta, Georgia, as guest participant during the discussions.

The participants were representative of the broad spectrum of contributors to the improvement of the status of nutrition in South Carolina, through education, administration, or delivery of nutritional care. Each participant was invited to speak and the salient features of the presentations are outlined in this paper.

SUMMARY

The following conceptualizations emerged from the discussions:

1. In order to gain recognition and support for action programs in nutrition, beyond the level of lip service, a proposal for the introduction of a State licensing procedure for professionals in nutrition, advanced by Dr. Walker, was endorsed by the participants. However, the American Hospital Association has recently called for a nationwide moratorium on any additional licensure of categories of health personnel, pending the findings of a proposed national task force to recommend the means of improving licensure practices. Nevertheless, these two conflicting viewpoints should be weighed carefully in terms of the objective of nutritional betterment.

2. The participants agreed that the value of the meeting would be measured by continuity of coordinative efforts, continued exchange of information, and evidence of collaborative approaches to Statewide planning in nutritional education and the delivery of nutritional care.

3. The group concluded that the South Carolina State Nutrition Committee would be the logical vehicle for continuation of the planning for the proposed Conference on Statewide Education and Planning for Nutritional Betterment.

4. Opportunities for clinical training in the health professions in general, as well as nutritional care in particular, are insufficient in South Carolina, and must be fortified by opportunities in other nearby states until the deficiencies can be corrected. Efforts should be made to achieve a solution to this problem.

5. Statewide long-range planning for nutritional education should be concerned with the entire spectrum:
   (a) infusion of awareness about nutrition in the curriculum from Kindergarten to Grade 12
   (b) preparation of future teachers to impart nutritional awareness, design of college-level courses that are not geared to train either professional dietitians or nutritional biochemists (based upon discussions with Dr. Vincent Granell, State Department of Education)

(c) vocational programs

(d) technical programs at Associate Degree level

(e) professional programs at Baccalaureate Degree level

(f) graduate programs with advanced training in the profession or advanced theoretical preparation for college level teaching and research

(g) infusion of nutritional information into the curriculum of medical schools

(h) provision of public information and awareness of nutritional needs

(i) encouragement of the extension program in nutrition (Clemson University)

(j) encouragement of applied research in nutrition as discrete from, but in addition to, theoretical biochemistry

(k) provision for continuing education for practicing nutritional specialists.

6. The number and types of educational programs in nutrition that are appropriate and effective for a given region of the State should be determined in part by the kind and size of the community. For example, an

urban area might benefit from the entire spectrum of programs (5, a-k), a rural-village area would have a limited variety of nutritional programs (5, a and h, possibly c), and a town would have an intermediate number.

7. Awareness of nutritional concepts should be infused into the secondary school curriculum.

8. Teachers should be trained in college to provide awareness instruction in nutrition in secondary schools. The curriculum for such teachers should be constructed carefully, and should differ from that for the preparation of professional nutritionists and nutritional biochemists.

9. Arrangements should be formalized for faculty members to move among educational institutions, thus providing a broader spectrum of instruction in nutrition by sharing specialists.

10. Graduate students might take part of their work away from their home institution that will award the degree.

11. Certain basic courses in nutrition should be identified and authenticated as transferable for credit across institutional boundaries.

REMARKS BY PARTICIPANTS

DR. ABERNATHY:

Guidance counselors in secondary schools and colleges are not cognizant of opportunities and needs for nutritional health professionals. There are problems associated with traditional education programs in nutrition that require a fifth year of internship.

MR. AUSTELL:

The Dietetic Associate Degree Program at Greenville Technical College has been phased out. There are two on-going diploma one-year Food Service Programs at Beaufort Technical Education Center and at Denmark Technical Education Center.

MRS. BRICE:

The South Carolina Dietetic Association is interested in the best possible educational opportunities being developed in the field of nutrition. They do not feel it would be in the best interest of all concerned to lower the standards in any way.

The Association would like to request that a member of the South Carolina Dietetic Association be included in the planning committee for future statewide conferences.

MRS. DAVIS:

The South Carolina State Nutrition Committee provides a forum for better understanding of the work of each public and private organization working in the area of human nutrition. Through this committee the means are provided whereby cooperative plans can be developed among these organizations for combating existing nutritional problems.

Membership is open to any organization that has an interest and can make a contribution to better nutrition practices in South Carolina.

A current project of the State Committee is the development of nutrition education television spots. Two of these were shown at the State Committee Meeting in Charleston in June 1975, and were sent to all the South Carolina television stations. A letter of endorsement by Governor James B. Edwards to the TV station managers accompanied the spots. Two additional spots on weight control and nutrition during pregnancy will be released in the near future.

One of the aims of the committee is to provide assistance and direction to the county nutrition committees. An effort is now being made to reorganize inactive committees. The purpose of a county nutrition committee is to provide at the county level a means for each public and private organization to work together in the area of nutrition. Through these county committees cooperative plans can be developed for combating nutritional problems.

The State Executive Committee is available to act in an advisory capacity to any public or private organization interested in furthering better nutritional practices. Members of this committee are willing to meet with groups, review printed materials, plan training for employees and help to organize nutrition programs.

DR. FUNCHESS:

This meeting afforded an opportunity for those in the state of South Carolina, who are concerned with the nutrition health profession to share information on their respective programs.

The plans for future work in nutrition are timely. One observation is our failure to use for human nutrition betterment the knowledge that is available. Application of nutrition education to the problems of people is limited and fragmented. The proposed statewide nutrition conference, suggested for the Spring of 1977, will be a first for South Carolina. Hopefully, the conference will serve to bring about an improvement in nutrition health care delivery efforts and coordination among many state agencies and institutions.

MISS GODFREY:

There are eleven nutritionists at the Department of Health and Environmental Control; four in the Bureau of Maternal and Child Care, two in the Bureau of Home Health Services, two in the Bureau of

Health Facilities, one in the Appalachia Diabetes Teaching Program, one in a Health District, and one serves as Director.

Nutrition services are not available in all program areas in each county health department. Positions for nutritionists requiring a master's degree have been difficult to fill because salaries are not competitive with those in other states.

Each year the Department of Health and Environmental Control has requested, but not received, budgeted funds for a nutritionist in each of the 12 health districts. Four vacant positions were eliminated when the budget was cut this fiscal year.

DR. GRANELL (Represented by G. P. Fulton):

Dr. Granell is concerned with providing assistance to public school teachers in kindergarten, elementary, junior or middle school as well as high school. In fact, the high school teachers for the most part can obtain able assistance from the Home Economics teacher, but such is not the case for the teachers in the lower grades. Dr. Lawson made the same point, emphasizing that nutrition education should begin early and in the kindergarten in public schools. Dr. Robson expressed a similar need, and there is confidence that available curriculum guides offer an adequate approach in the classrooms. Dr. Zemp has emphasized the need to implement the curriculum guides with the assistance of interested and prepared personnel.

The Department of Education will stress nutrition in teachers' workshops and hopefully something productive will result. The awareness of teachers to the identified need is vital for the success of comprehensive health educatior. that includes nutrition and its role in the lives of all citizens.

DR. HASKELL:

As Director of the Area Health Education Center Program, administered by the Medical University of South Carolina, Dr. Haskell:

1. volunteered to assist in the exchange of information on nutritional sciences through AHEC.
2. suggested that a course be offered over ETV (Winthrop is interested in doing this).
3. suggested that the South Carolina Dietetic Association might co-sponsor the proposed Conference.
4. offered to assist with arrangements for the proposed Conference.

DR. HOVERMALE:

At Winthrop College, the School of Home Economics, accredited by the American Home Economics Association, offers undergraduate and graduate programs in food and nutrition. As candidates for the degree of Associate of Applied Science, students may enroll in a

program in Food Service Management or Diet Therapy. The program is not approved by the American Dietetic Association. The AAS Degree Program is built on the 2+2 concept and would be attractive to students enrolled in food service programs in the technical education centers and/or colleges or in community colleges in other states.

Students wishing to earn the Bachelor of Science Degree may major in food and nutrition or in the coordinated undergraduate program in general dietetics.

The coordinated undergraduate program in general dietetics is a cooperative program between Winthrop College and Charlotte Memorial Hospital and Medical Center. Students completing requirements for this program will meet requirements for membership in the American Dietetic Association and will be eligible to take the examination for Registered Dietitian. Coordinated undergraduate programs, CUP, synthesize didactic and clinical experiences within a four-year program.

Graduate work in food and nutrition has been available at Winthrop since the fall of 1962. Students may satisfy requirements for the Master of Science Degree with or without a thesis by the completion of at least 30 semester hours of approved graduate level work to include at least 15 semester hours of courses open only to graduate students.

All students enrolled in the School of Home Economics take a two semester hour course in food and nutrition, and students completing requirements for professional certification in home economics education complete nine semester hours in food and nutrition. The core course would be applicable for all persons completing teaching certification.

Plans are underway to utilize more fully the clinical facilities at the Medical University. A cooperative master's degree program is being planned.

In addition to academic programs, the School of Home Economics, in cooperation with the South Carolina Agricultural Experiment Station and other state agencies, conducts research in food and nutrition.

In-service activities within the past year have included seminars, conferences and workshops for school food service personnel, dentists, dental hygienists, dietitians, physicians and other allied health personnel. Some of these activities have been supported by the National Foundation and AHEC.

DR. LAWSON:

Nutritional education must start "in the womb" and be sustained throughout life. Although this session lacked focus, it was nevertheless worthwhile to hear the remarks of the statewide leaders in the field of nutrition.

DR. LYNTON:

Dean Lynton was not able to attend because of a conflicting meeting, but s bmitted the following statement:

Having had to miss the meeting, I am glad to have this opportunity to say something briefly about our great interest in furthering nutrition education and research in South Carolina. It is important to include, in your consideration of this subject, our College of Health and Physical Education. Very important work needs to be done at undergraduate levels, but when it comes to working at the graduate level, involving more teachers across the State in nutrition education, the College is involved extensively.

In the programs of our new School of Public Health, concern with nutrition now takes three forms:

1. all students get some basic nutrition knowledge in the core curriculum, i.e., the program of courses that all students are required to take;
2. community-level studies and field education concerning health conditions in selected populations, the impact of existing health and education programs on these states, and planning for further health improvement; and
3. the possibility, that we are developing in conjunction with several technical areas, of combining in our MPH

and MSPH programs substantive studies in nutrition with the basic requirements of public health. The most likely Public Health major in these combinations is Public Health Education, but some students prefer to combine nutrition with a major in Public Health Administration. We have so far not had students combining it with majoring in Public Health Measurement.

In order to visualize our organization for developing and managing the combinations I have described, it is necessary to recapture the basic organizational format of the School. Except in the case of Epidemiology, which will be our one new department within the School, our programs call upon resources in various parts of the USC campus, in other universities, and also in public and private agencies, in all other subject matter areas; nutrition is among these. We have arrangements in place by which students in accredited graduate programs in nutrition located in other institutions can develop study programs with us, take nutrition courses there, and integrate them with Public Health courses here. This is now in operation, for instance, with Clemson University and in the process of development with South Carolina State College. Similarly, through carefully worked out inter-institutional contracts, we have also been able to call upon faculty and other resources located outside the School,

also outside the University, for specialized teaching in nutrition and other areas for students in Public Health. This mechanism can evolve into programs for double degrees where this is necessary.

DR. MATHUR:

There are cooperative efforts in Human Nutrition Research between South Carolina State College and the School of Public Health at USC. The South Carolina State College project in Human Nutrition could be described at a future conference.

The discipline of nutrition currently has no significant place in education, particularly in health education. To achieve human well-being through nutrition education, a more realistic approach to a better life through nutritional sciences is needed. One step would be to foster training for nutritionists and dietitians. Further, a unification of the many arms of the nutrition sciences must be generated into continuing programs effective at all levels of the human community. Nutrition education can be used as a preventive medicine instead of therapeutics.

MISS PIPER:

As guest participant from the Health Manpower Division of HEW-Region IV, Miss Piper commented on:

(a) funding opportunities for nutritional programs.

(b) relevant legislation for health manpower training.

(c) desirability of finding a way to articulate programs in nutritional education with the HSA's.

DR. ROBSON:

Possibly one of the most serious nutritional problems in the United States is obesity. In the Family Practice Unit at the Medical University, of all health hazards this is the most frequently recorded. Other threats to life include diabetes and cardiovascular disease both of which are related to diet. The control of these conditions after they are established is difficult; the results of obesity control are particularly poor. For these reasons, diet-related diseases must be reduced by preventive measures. It is important to note that obesity often starts in early life; therefore, education of the young in proper dietary practices is essential. In order to bring this about a comprehensive educational program is required. Such a program must have clearly defined objectives to which the remedial action is related. For example, if one of these objectives is to bring about change in the eating habits of the young, then the total education plans should include proper education of teachers in nutrition. This implies that teachers will need to be taught by experts in nutrition ergo these experts must be familiar with the cause and control of the problems that have to be tackled. Physicians and

nurses need to be educated appropriately so that they can make greater contributions to nutrition education programs. They should also measure changes in nutritional status especially in the growing period. Thus, the target population is the young, but re-education and re-assessing of nutritional educational priorities is needed before a change in nutrition behavior in the young can take place.

Presently the educational process is producing professionals in the field of nutrition whose training and education may not be the most appropriate for current needs. For effective future action, the role of the professional needs to be clearly defined in the light of new educational priorities. It would seem inadvisable for State educational institutions to continue to produce professionals who may not be able to fulfill their most effective roles.

A suggested approach to tackle nutrition problems in the State could therefore include (a) definition of nutrition educational objectives (b) definition of the types of persons needed to bring about nutritional change in the target population (c) definition of the learning experiences needed to effectively educate those persons designated as change agents (school teachers, dietitians, nutritionists, home economists, physicians, nurses, etc.) and (d) definition of the role and function of the change agents in the State education and health systems.

At this point it would be necessary to (1) establish personnel positions that would enable the plan to be implemented, (2) provide

for professional education in baccalaureate and advanced degree programs in colleges and universities, (3) evaluate the effectiveness of the program through health and nutritional surveillance in the schools and by measurement of health indices including morbidity and mortality data. This approach probably calls for an entirely new concept of the role of nutrition professionals.

Research on early warnings of disturbed nutrition as well as changes in training and educational program is being conducted in the Department of Family Practice. Already procedures have been developed for the early detection of disturbances in growth. The feasibility of collating social, family, and health data to identify families at risk to nutritional disturbance is being examined. Through the Family Practitioner and the School Health System it is possible to visualize a system of nutritional surveillance to cover the more vital periods of the life cycle such as early infancy, the pre-school and school era, and adolescence.

DR. WALKER:

Introduction of a State Licensure requirement could strengthen the salary base for nutritionists and provide greater visibility and more security for practicing professionals in the field of nutrition.

My only comment to the American Hospital Association with regard to their recent call for a nationwide moratorium on any additional licensure of categories of health personnel is that although I have the highest respect for the Hospital Association, its principle concern is for the care of the sick. From the public health point of view, this is a veritable tip of the iceberg in that the vast majority of people are not sick. Furthermore, one of the premises of nutrition is the prevention of illness through sound dietary principles and practices. Although South Carolina Licensure of nutritionists no doubt would have to take into account a category of hospital dietitian or therapeutic nutritionist, the public has a far greater need outside of the medical model, such as within the school systems, within family centers, within retail food stores and drug stores, as well as in the community at large. Therefore, it would seem to me that it would be a mistake for us to think in terms of the microcosm of curative medicine when we think of nutrition. Nutrition personnel have made this mistake in the past, and the result is a very weak organization and, in a sense, a lesser degree of "reality" than other more "official" health professionals.

DR. WILLIAMS:

Clemson University offers three graduate degrees in nutrition: (1) Master of Nutritional Science (MNS) -- a non-thesis degree with

emphasis on practical human nutrition. A nutrition practicum is required in addition to a laboratory type special problem; (2) Master of Science (MS) -- a research oriented degree that requires a thesis; (3) Doctor of Philosophy (PhD) -- a traditional research oriented degree.

Clemson University is prepared to cooperate with other educational institutions with programs or interests in nutrition by: (1) assisting with the establishment of a common core of courses in nutrition that may be offered at institutions with programs in nutrition that lead to the MNS type graduate degree. The courses should be such as to permit students to enroll in any of the institutions offering the MNS degree with credit being transferable to the students' institution of choice; (2) encouraging the inter-college or inter-university use of nutrition faculty. This procedure should facilitate the maximum development of programs in nutrition at each of the institutions that in all probability would not be possible otherwise; (3) recommending a policy whereby students may complete courses as a part of a degree program at any institution offering the MNS type degree and receive the degree from the institution of their choice; (4) cooperating in the establishment of a faculty advisory committee representing all institutions with MNS type programs to work with each institution in the implementation and administration of the MNS degree program.

MISS WOFFORD:

The South Carolina Commission on Aging administers federal funds (Title VII of the Older Americans Act), to serve approximately 2,800 meals daily, five days a week, at 81 sites in South Carolina.

There are eight mandatory supporting services which must be made available to participants in this congregate meal program. Three of those services are health and welfare counseling, nutrition education, and shopping assistance.

Due to the budget category restrictions imposed by the regulations, the projects have no funds to pay for these services and must depend on the voluntary assistance of agencies and individuals. Clemson Extension has provided services to about one-third of the sites; the health departments have offered what assistance they can, but five of the district offices do not have nutritionists on the staff. The South Carolina Dietetic Association has only about 160 members, most of them concentrated in the larger cities such as Columbia and Charleston.

There is a real need at the nutrition sites for qualified persons to provide diet counseling. Many of the participants in the programs on aging have had modified diets prescribed for them. The majority make a sincere effort to follow the diets but do not always understand the diets in the beginning, and do not know where to go for assistance

if they have questions. This is particularly true for those with latent diabetes.

DR. ZEMP:

In concluding remarks, Dr. Zemp stressed the need for funding to support education, training, and service in nutritional sciences. He gave an account of the history of the Governor's Committee on Nutrition.